



Indiana Housing & Community Development Authority

HMIS Data Element Definitions

Updated June 17, 2010

***Intake Date/Program Entry Date**

The date the client was accepted/placed into the program/shelter.

There should be a new program entry date for each period/episode of service. Therefore, any return to a program after a break in treatment, completion of the program, or termination of the program by the user or provider must be recorded as a new program entry date. A definition of what constitutes a break in the treatment depends on the program and needs to be defined by program staff. For example, programs that expect to see the same client on a daily (or almost daily) basis may define a break in treatment as one missed day that was not arranged in advance or three consecutive missed days for any reason. Treatment programs that are scheduled less frequently than a daily basis may define a break in treatment as one or more missed weekly sessions.

Shelter Bed/Residence

The vacant bed, unit, or apartment where the client is residing while in the shelter/program.

Primary Worker

Person to whom client is being assigned for case management.

Referred By

Who referred the client to the program, or how the client learned about program, including if the client learned about the program on their own.

***First Name**

This should be entered as their legal first name.

***Last Name**

This should be entered as their legal last name; if more than one last name, use first last name

Suffix

This is the abbreviation that is after a person's last name, such as Jr. for Junior or Sr. for Senior. The suffix should also be part of their legal name.

Alias

This is a nickname or alternate name that the client regularly goes by. This may include their maiden name or a shortened version of their legal first name.

***Date of Birth**

This is the month, day, and year that the client was born. If the client is unwilling to provide this information, please use January 1 and the estimated year of their birth based on their age.

***Social Security Number**

This is the 9 digit number assigned to each individual by the U.S government. If the client does not know or is unwilling to provide their social security number, enter all 9s (999-99-9999).

***Social Security Data Quality**

This specifies the validity of client's Social Security number and determines whether the number is complete and accurate.

***Gender**

This is the gender the client identifies with.

***Ethnicity**

This determines if a person is of Hispanic/Latino origin. This includes individuals of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture of origin, regardless of race. If they are not from these countries of origin, then they are considered Non-Hispanic.

Note: Generally if someone identifies as Hispanic they will usually pick White as their Race. However this depends on their nation of origin and self-identity.

***Race (Can identify/select multiple races)**

This is how the person identifies themselves.

American Indian or Alaskan Native-a person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American – A person having origins in any of the black racial groups of Africa or Haiti

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.

White - A person having origins in any of the original people of Europe, the Middle East, or North Africa.

***Zip Code of Last Permanent Address**

This is the zip code of the apartment, room, or house where the client last lived for 90 days or more. This residence can be of a friend or family member, and does not need to be in the client's name. If the client is unsure of the exact zip code but can identify the town/city then any appropriate zip code can be used.

***Zip Code Data Quality**

This specifies the validity of client's Zip Code of Last Permanent Address and determines whether the number is complete and accurate.

Date left last permanent address

This is the date or approximate date of when they left the last place that they lived for 90 days or more.

***Residence Prior to Program Entry**

This is the type of living arrangement the night before the client entered the shelter or program.

If a client was residing in an institution (hospital, jail, etc) for less than 30 days, then you would select where they were staying before they entered the institution.

Length of Stay in Previous Residence

This is how long the client was staying at the place that they stayed last night (residence prior to program entry).

***Homeless Cause**

This is the primary reason/cause that the client is currently homeless. If a client has multiple causes, try and determine which cause is the underlying or primary cause that led to them becoming homeless.

***Housing Status**

This determines whether the client is currently homeless or at risk of becoming homeless. This data element allows programs that serve homeless and non-homeless persons to separate these two populations for reporting purposes. This data element is not intended to be used for program eligibility determination purposes, as program eligibility criteria may vary by program and/or funding source. This information can help homelessness prevention programs target their resources appropriately. The options for Housing Status Include:

1. Literally Homeless - A client who resided in one of the following places before Program Entry or after Program Exit:
 - a. Places not designed for or ordinarily used as a regular sleeping accommodation for humans, including a car, park, abandoned building, bus or train station, airport, or camping ground;
 - b. A supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing for homeless persons);
 - c. A hospital or other institution, if the person was sleeping in an emergency shelter or other place not meant for human habitation (cars, parks, streets, etc.) immediately prior to entry into the hospital or institution;
 - d. Fleeing a domestic violence situation.
2. Imminently Losing Their Housing – A client who is/was currently housed, but is imminently losing their housing (whether permanent or temporary) and have no subsequent housing options identified and lack the resources or support networks needed to retain current housing or obtain temporary or permanent housing. This includes someone that is being evicted from a private dwelling, being discharged from an institution, or living in housing that has been condemned.
3. Unstably Housed and At-Risk of Losing Their Housing – A client who is/was housed but is experiencing housing instability or lacks the resources or support to obtain permanent housing. They may have temporary housing options available such as motels, hotels, family or friends but the housing is temporary or overcrowded.
4. Stably Housed – A client who is in a stable housing situation and not at risk of losing that housing.

A note about Homeless Prevention and Rapid Re-Housing Programs (HPRP) programs: Clients who are Literally Homeless will be included in reports as part of the “Homeless Assistance” portion of HPRP. Clients who are Imminently Losing Housing or Unstably Housed will be included in reports as part of the “Homeless Prevention” portion of HPRP.

***Episodes of Homelessness**

Number of times the individual has been homeless within the last 3 years. The current episode of homelessness counts as one episode.

A new episode of homeless begins when a person returns to the shelter system after having been out of homelessness for at least 30 days. If less than 30 days, then it is still considered the same episode of homelessness.

***Homeless Duration**

This is determined by how long it has been since the client was last housed in a room, apartment or house for more than three months. This does not need to be a place that was in their own name.

Marital Status

What is the client's current marital status? This should be answered regardless of how they are presenting for service.

***Individual/Family Type**

This is based upon how the client is presenting for service, as a single individual or as part of a family. If the client is under 18, then select one of the options for the youth head of household.

These are the options:

Individual Male: An unaccompanied male presenting for service.

Individual Female: An unaccompanied female presenting for service.

Individual Male-Youth (<18): An unaccompanied male who is under 18 presenting for service.

Individual Female-Youth (<18): An unaccompanied female who is under 18 presenting for service.

Single Parent Family-Male Head: A male with one or more children presenting for service.

Single Parent Family-Female Head: A females with one or more children presenting for service.

Single Parent Family-Youth Head: A male or female who is under 18 with one or more children presenting for service.

Two Parent Family-Adult: A couple (two adult individuals) with one or more children who are presenting for service.

Two Parent Family-Youth: A couple (two individuals under 18) with one or more children who are presenting for service.

Adult Couple without children: A couple (two adult individuals) with no children who are presenting for service.

***Number of Children**

This is number of children that are with the client when seeking shelter. If the client has children who are not with them when presenting for service, then these children should not be counted.

Children Details

This is the age and gender of each child that is with the client when presenting for service. Additional information about the children will be entered on the household/child page.

***Income and Sources**

In separate fields, determine (a) whether the client received income from each source in the past 30 days (check box), (b) the amount of income received from each source (text box). Income sources that are not monthly or are a gift should not be included. If the client currently has no income, then select the check box for "none".

These are the types of income:

Earned Income- income from a job

SSDI-

Worker's Compensation-

Retirement income from SSA-

Child Support-

Unemployment benefits-

Veteran's Disability Payment-

TANF-

Veteran's Pension-

Alimony or Other Spousal Support-

SSI-

Private Disability Insurance-

General Public Assistance-

Pension from a former job-
Other-

***Non-Cash Benefits**

Determine whether the client received each benefit within the last 30 days and select appropriately.

These are the types of non-cash benefits:

Food stamps or money for food on a benefits card-

Medicare-

Special Supplemental Nutrition Program for Women, Infants & Children-(WIC)

TANF Child Care Services-

Other TANF Funded Services-

Medicaid-

State Children's Health Insurance Program (SCHIP)-

Veteran's Administration (VA) Medical Services-

TANF Transportation Services

Section 8, public housing, or other rental assistance-

Private Health Insurance-

Other Health Insurance-

Other Source-

***Special Needs**

For each of the following questions mark whether the client has that special needs and then answer whether or not they are receiving treatment or services for that condition.

1. **Physical Disability** – A physical impairment which is (a) expected to be of long-continued and indefinite duration, (b) substantially impedes an individual's ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions.
2. **Developmental Disability** – A severe, chronic disability that is attributed to a mental or physical impairment (or combination of physical and mental impairments) that occurs before 22 years of age and limits the capacity for independent living and economic self-sufficiency.
3. **Chronic Health Condition** - a diagnosed condition that is more than three months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance.
4. **HIV/AIDS** – If the client has been diagnosed with AIDS or has tested positive for HIV.
5. **Mental Illness** – Any mental health problem; may include serious depression, serious anxiety, hallucinations, violent behavior or thoughts of suicide.
 - a. For this question you should also answer whether it is expected to be of long-continued and indefinite duration and substantially impairs ability to live independently. That is to say, this is a Disabling Condition.
6. **Substance Abuse** – Any history or problem with alcohol abuse, drug abuse or both.
 - a. For this question you should also answer whether it is expected to be of long-continued and indefinite duration and substantially impairs ability to live independently. That is to say, this is a Disabling Condition.
7. **Domestic Violence** – If the client has ever been a victim of domestic violence including physical, mental, emotional or verbal abuse.
 - a. For this question you should answer how long ago the most recent experience occurred.

General Health Status

This is how the client assesses their health in comparison to other people their age.

Currently Pregnant/Pregnancy Status

Documentation of whether the client is pregnant. If the client is currently pregnant, then enter an approximate due date.

***Currently Employed**

Documentation of client's current employment status.

Number of hours worked in the past week?

The number of hours worked in the last week at a paid job.

Employment Tenure

This is the type of work and how long the employment is scheduled to last

Permanent- work that will continue indefinitely

Temporary- work for a limited time only or for a specific piece of work and that will last a short duration

Seasonal- work that can only be performed during a certain season in the year

Looking for work

If the client is currently unemployed, this documents whether the client is actively looking for employment.

Primary Language

This is the language which the client typically uses to communicate verbally or in written form.

***Highest Level of School Completed**

This is the last grade of school that the client completed. For the response "12th grade-no diploma", this should be used if the client completed the 12 grade but did not receive their diploma. The response "Post-secondary" should be used if the client has completed any type of college education.

***Current Student?**

Documentation to specify if the client is currently enrolled in school or working on any degree or certificate.

***Post-Secondary Degree**

This specifies any college level degree that the client has completed.

***Received vocational training or apprenticeship certificate**

Manual or practical activities, related to a specific trade or job. Examples may include training to become a nurse assistant, automotive technician, machinist, etc.

***Veteran Status**

This documents if the client served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty. Discharge status does not matter for this question. Additional information about the client's service history can be entered on the client's face sheet.

***Disabling Condition**

Any serious condition that impairs the individual's ability to live independently. If the client has more than one condition, choose the most severe

A disabling condition means: (1) A disability as defined in Section 223 of the Social Security Act; (2) a physical, mental, or emotional impairment which is (a) expected to be of long-continued and indefinite duration, (b) substantially impedes an individual's ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions; (3) a developmental disability as defined in section 102 of the Developmental Disabilities Assistance

and Bill of Rights Act; (4) the disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiological agency for acquired immunodeficiency syndrome (AIDS); or (5) a diagnosable substance abuse disorder.

Developmental disability- a severe, chronic disability that is attributed to a mental or physical impairment (or combination of physical and mental impairments) that occurs before 22 years of age and limits the capacity for independent living and economic self-sufficiency.

A mental health problem may include serious depression, serious anxiety, hallucinations, violent behavior or thoughts of suicide.

Diagnosable substance abuse disorder-pattern of drinking; failure to fulfill responsibilities; withdrawal symptoms

Birth Place

This is the city/town where the client was born.

Citizen

Documentation of whether the client is a citizen of the United States, either born in the United States or has received naturalization from the United States government.

Alien Registration

If the client is not citizen of the United States, this documents whether they have received their alien registration, and the number of the alien registration card. This may also be known as "Permanent Resident Card" or "Green Card"

City/Town of Last Permanent Address – The city where the client last lived in a room, house or apartment for 3 months or longer.

County of last permanent address – The county where the client last lived in a room, house or apartment for 3 months or longer.

Township of last permanent address – The township where the client last lived in a room, house or apartment for 3 months or longer.

Services Sought – This is a short list of possible services the client may be seeking from your program. This checklist is for the case manager's information only.

Emergency Contact, address, relation, phone numbers

This is an individual that the client would want contacted in the event of an emergency.

Services Received – Entered under Contact Logs

*Food=Emergency Food Programs and Food Pantries

*Housing Placement= Housing Search

*Material Goods= Clothing and personal hygiene items

*Temporary housing and other financial aid=Rent payment or deposit assistance

*Transportation=Bus passes

*Consumer assistance and protection=money management counseling and acquiring identification/SSN

*Criminal justice/legal services= legal counseling and immigration services

*Education= GED instruction, bilingual instruction, and literacy programs

*Health Care=Disability screening, health care referrals, and health education (excluding HIV/AIDS related services, mental health care/counseling, and substance abuse services)

*HIV/AIDS related services=HIV testing, AIDS treatment, AIDS/HIV prevention and counseling

*Mental Health care/counseling=telephone crisis hotlines and psychiatric programs

*Substance abuse services=Detox or alcohol/drug abuse counseling

*Employment=Job development and job finding assistance

*Case/care management=Development of plans for the evaluation, treatment and/or care of persons needing assistance in planning or arranging for services

*Day Care=child care center and infant care centers

*Personal Enrichment=Life Skills Education, social skills training, and stress management

*Outreach=street outreach

*Other

(HMIS also has: clothing, day shelter, food bag, laundry, locker/storage, mail, meal, mortgage assistance, phone call, referrals out, rent assistance, security deposit assistance, shower, and utility assistance)

Discharge Data Elements

***Discharge Date/Program Exit Date**

For a program providing housing or shelter to a client, this date would represent the last day of residence in the program's housing before the client transfers to another residential program or leaves the shelter.

***Reason for Leaving –primary reason**

***Income at Exit**

In separate fields, determine (a) whether the client received income from each source in the past 30 days (check box), (b) the amount of income received from each source (text box). Income sources that are not monthly or are a gift should not be included. If the client currently has no income, then select the check box for "none".

***Non-Cash Benefits at Exit**

Determine whether the client received each benefit within the last 30 days and select appropriately.

***New Residence Setting/Destination on Exit (All Clients)**

Where the client will be staying after they leave the program. Some of the options on this list contain options to differentiate between a temporary tenure (less than 3 months) and a permanent tenure (more than 3 months). Some of the options on this list contain options to differentiate between whether a subsidy is being used to help pay for housing. VASH Subsidies are Veterans Administration Supportive Housing subsidies. Non-VASH is all other types of subsidies (public or private).

***New Residence County**

The county where the client will be living after leaving the program.

City/Town of New Residence

The city or town where the client will be living after leaving the program.

Township of New Residence

Employed at time of discharge

Documentation of whether the client is employed when discharged from the program.

Enrolled in school at discharge

Documentation of whether the client is enrolled in school when discharged from the program.

Highest level of school completed at discharge

This is the last grade of school that the client completed. For the response "12th grade-no diploma", this should be used if the client completed the 12 grade but did not receive their diploma. The response "Post-secondary" should be used if the client has completed any type of college education.

Outcome Category

This is the general outcome category that corresponds with the client's reason for leaving the program.

Anonymous Summary

A text box that you can use to describe why the client left your program. (Note: Despite the name of the field, this entry does not have to be anonymous. In other states this field is shared, but in Indiana it is always kept confidential.)

A Note about Chronically Homeless

For the purposes of defining an adult that meets HUD's definition of chronically homeless, programs should use the Disabling Condition data element along with: Date of Birth (to determine that the person is 18 years of age or older); Household Identification Number (to identify unaccompanied individuals); and Residence Prior to Program Entry or prior information on Program Entry and Program Exit dates (to determine the number of episodes of homelessness and length of time a person is homeless).